

<b>Case Number:</b>	CM14-0044907		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/13/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/12/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54-year-old male who reported an injury on 02/13/2012. The mechanism of injury was not provided within the documentation. The injured worker's mechanism of injury was noted to be a fall. The injured worker's diagnoses were noted to be cervical radiculopathy, right shoulder impingement syndrome, anxiety reaction, right elbow internal derangement, lumbar radiculopathy and right knee internal derangement. The injured worker's prior treatments were noted to be rehabilitation therapy, use of a transcutaneous electrical nerve stimulation unit, acupuncture and injections. The injured worker had a MRI of the lumbar spine dated 04/18/2013. The injured worker had a clinical evaluation on 02/25/2014. The injured worker's complaints were noted to be neck pain. He stated that the epidural injection to his lower back helped significantly. The physical examination noted restricted range of motion of the cervical spine, his restricted range of motion was noted in the lumbar spine. The injured worker's right leg had positive range of motion and also pain on palpation of the joint line of the knee. The treatment plan was to continue medications as before. The treatment plan also included a back support. The provider's rationale for the request was provided within a treatment plan dated 02/25/2014. A Request for Authorization of medical treatment was provided and dated 02/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Purchase back support, QTY: 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary Updated 05/10/2014.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**Decision rationale:** The California MTUS American College of Occupational and Environmental Medicine indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. According to the guidelines and because the injured worker is no longer in the acute phase of symptom relief; the request for a back support quantity 1 is not medically necessary.